

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017868

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 177 Registrar's No. 177

FILED JUN 11 1962

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) Youngstown		c. CITY OR TOWN Greentop	
Length of stay in 1b hours		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chariton River- Youngstown		d. STREET ADDRESS (If outside, give location) none	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First DENNIS Middle EUGENE Last PEARSON			4. DATE OF DEATH Month June Day 3 Year 1962		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-10-32	9. AGE (last birthday) 29	IF UNDER 1 YEAR Months 29 Days 29 Hours 29 Min. 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Attendant		10b. KIND OF BUSINESS OR INDUSTRY Oil		11. BIRTHPLACE (City and state or country) Greentop, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Gad Pearson		13b. MOTHER'S MAIDEN NAME Myrtle Casady	
14. NAME OF HUSBAND OR WIFE Carol Pearson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Korean Conflict		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Carol Pearson		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation DUE TO (b) Drowning in Chariton river DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH minutes	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) the man was fishing along the East bank of the Chariton river App. 100 yards North of the Youngstown bridge, his line hit a snag and he arose as he did he slipped and the bank gave away			20c. TIME OF INJURY Hour 3:45 p.m. Month, Day, Year 6-3-62		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) near Youngstown, Mo.		
20f. CITY, TOWN, OR LOCATION Youngstown, RFD. Novinger, Adair, Mo.			20g. COUNTY Adair		

21. I attended the deceased from App. 3:45 to 6-3-62 and last saw her alive on 6-3-62 Death occurred at App. 3:45 on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Nova E. Foster Nova E. Foster, Coroner Adair Co.		22b. ADDRESS Kirkville, Adair, Missouri
22c. DATE SIGNED 6-6-62		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 6-7-1962	23c. NAME OF CEMETERY OR CREMATORY Greentop
23d. LOCATION (City, town, or county) (State) Greentop, Mo.		

24. EMBALMER'S SIGNATURE W.K. Jackson 415 North Franklin Kirkville, Missouri		25. DATE RECD. BY LOCAL REG. June 6, 1962	26. REGISTRAR'S SIGNATURE Doris W. Ratliff
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DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10010

20980

3

4 **0**

5 **1**

6

7 **0**

8 **2**

99298

10 **42**

11 **001**

12 **91-3**

13 **1-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

JUN 14 1962

JUN 18 1962

Permit issued June 6, 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirksville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.